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ABSTRACT

While scholars are not in accord on the basic causes of contemporary drug abuse among minority Americans, most do agree that the social milieu of the drug abuser is fundamental. It has been urged that racism, poverty, police brutality and harrassment, the economics of addiction, the hopelessness of ghetto life, peer pressure, educational deficiencies, rising material aspirations, and general frustration arising from discrimination all underlie a century or more of addiction in many communities of minority Americans. In treating these drug abusers little attention has been paid to analyses of possible changes in their social settings or to likely developments in the treatment alternatives made possible by such changes. Responsible leaders of health organizations are now able to commission, or undertake themselves, studies using the views and methods of futures researchers, e.g., trend extrapolation, modeling, the Delphi Technique, and scenario writing. Rational planning by social and health agencies based on an orientation to the future is certainly better than continuation of work in the present tense only. Potential changes in values, politics, social organization, financing, the bases of poverty, and growing ethnic diversity must be taken into account before a rounded set of relatively meaningful alternative futures for drug abuse treatment in minority communities can be offered. (PAS)

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Treating Drug Addiction in the Minority Communities: The Decade Ahead

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Session: Defining Health Care Needs and Allocating
Community Resources

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Since the latter years of the nineteenth century, the treatment of drug abuse has been of great concern to most providers of health care in this nation. America, of course, was not the first country to confront problems of drug abuse, and many other lands have followed us in their concern with this problem. Yet, we have had heretofore a relatively atypical drug abusing population, and as we define health care needs and allocate scarce community resources in the decade ahead, it will be essential for us to address, in particular, the changing needs of the minority communities.

The usual approach to health problems involves investigation of causative factors. We approach a problem by seeking to understand its origins; treatment then becomes possible. Even a cursory review of the literature in the field of drug abuse, however, reveals that students differ as to basic causes of this affliction. In reference to minority Americans it has been argued variously that racism, poverty, police brutality and harrassment, the economics of addiction, the hopelessness of ghetto life, peer pressures, educational deficiencies, rising material aspirations, and general frustration arising from discrimination all undergird a century or so of addiction in many of these communities.²

While scholars are not in accord on the basic causes of contemporary drug abuse among minority Americans, most do agree that the social milieu of the drug abuser is fundamental. Further, it can be maintained that regardless of the specific etiology of individual addiction, drug abuse and addiction persists among significant portions of our population. Thus, it is , as Emile Durkheim might say, a social fact, standing sui generis, independent of causative psychological foundations. Therefore, if we study what has been labelled the world of addictdom and the changes which might be forthcoming in such an environment, we may better be able to administer programs in the future, even given the diminution of health care resources which is being brought about by current developments in national and state budgets.

As with many other areas of concern to providers of health care, the understanding of treatment needs in drug abuse has rested to a large extent upon Aristotelian concepts of progress. From the idea of progress has come the attention to individual growth and goal setting. Counselors, supervisors, administrators, and others in the providing community have been infused with this principle of progress. Surprisingly, however, the literature on drug abuse — and that on many other areas of concern to health providers — has only rarely offered an in-depth analysis of the

scientific approach to program planning, the natural outgrowth of progress-oriented philosophies, one would think. Workers who are deeply interested in the careers of the addicts they serve, and who routinely teach them to be future oriented, strangely ignore future orientations themselves. Thus, little attention is paid to analysis of possible changes in the social setting of American drug abusers or to likely developments in the treatment alternatives made possible by such changes. Nowhere should this be more necessary than in the field of minority drug abuse.

The forecasting of alternative futures, especially those which may be susceptible to our planning decisions, is embodied in the contemporary study of futures research. Futures research—also known as futurism or futurology—has been growing in popularity recently. It is a movement which knows neither ideological nor geographic frontiers worldwide. It constitutes an irresistible attraction for many thousands of physical and social scientists, for thinkers and armchair planners who have allied themselves into a number of formal organizations devoted to the topic.

Let us note that forecasting is a reasonably logical exercise and has little in common with traditional methods of prediction. While men and women have long been interested in predicting the future, they have usually employed such devices as heavenly signs, entrails of animals, tea leaves, crystal balls, and so forth, to foretell fate. They have come up with predictions: you shall meet a beautiful princess and become fabulously wealthy, live to a ripe old age, and so on. An alternative future which depended upon choices

elected by the principals in the prediction was rarely presented, and if it ~~was~~, such as in the case of the Biblical figure Joseph and his prediction of lean years for Egypt, for example, the methodology employed to reach the prediction could hardly be called rational or logical. In spite of Freud's marvelous insights, it cannot be maintained that a dream provides a scientific basis for future planning.

Philosophers began to maintain that there was purposeful movement to history and that man could have some control over this movement ~~rose~~ ^{concomitantly} with the decline of the Middle Ages. Beginning with the Frenchman Jean Condorcet, going through such prominent thinkers as Malthus in Britain, Saint-Simon, Comte and deTocqueville in France, and Hegel, Feuerbach, Marx and Weber in Germany, the Nineteenth Century saw considerable attention paid to the idea of historical progress and control of the present and future.

Methodology was still lacking, however. Science fiction writers such as H.G. Wells made a stab at looking somewhat rigorously into the future. These writers were real pioneers of futures research, because they attempted to project on the basis⁵ of the scientific revolutions what the future could hold. In the United States, social scientists began to look into the idea of "trend extrapolation", that is, the continuance in a straight line of what exists today. The famous sociologist William F. Ogburn, author of the celebrated "cultural lag" theory, was one such individual.³ He supervised forecasting for governmental commissions in the twenties.

Elsewhere, social theorists devoted to political philosophies began to institute that they felt was scientific planning based on Marxism or racism mixed with nationalism, using their so-called sciences as essential bases upon which to build up the vision of society they espoused.

Some today argue that the real roots of futures research lie in the planning associated with the atomic bomb. There is no question that the planning for this development ranks high on any list of modern science. The tremendous consequences of this creation, however, which was developed in an effort to beat the Nazis, taught scientists the need for analyzing possible alternative futures and working toward the most desirable one. Many today are acutely aware of the unanticipated consequences of scientific work in this regard.

For about a decade after the war, futures research was not of great concern to American scientists. Real growth began again in America and Western Europe during the fifties. Not all thinkers approved of social planning, however. Raymond Aron, the much respected French philosopher, observed as late as 1960 that "we are too much obsessed by the Twentieth Century to spend time speculating about the Twenty-first." He was not alone in this view.

About two decades ago, however, new and more sophisticated

techniques for planning arose, and soon a new field was in the making. Institutes such as the Rand Corporation, the Hudson Institute and the Institute for the Future in America, the Futuribles in France, and a host of parallel organizations in Israel, Japan, Brazil, and the Eastern bloc nations institutionalized futures research. Future-oriented thinking was incorporated into state governmental planning units in several nations, including lands both east and west of the iron curtain. For all these attempts, the claim to reliability rested primarily upon the validity of the methods of futures research.

There are two major kinds of forecasting. ~~First~~^{First} there is normative forecasting. In this case, an assessment of goals enters early into the forecasting process. Normative forecasting addresses the desirability of goals. Values are essential to this type of forecasting.

The other type of forecasting is called exploratory. This type forecasts the possibilities of alternative futures. The idea is that the policy maker, in our case, the agency official concerned with treatment needs and the utilization of scarce resources, selects the most desirable of several alternative futures and works to implement steps which will bring about the desired and preferred future state.

There are four principle modes of long-range exploratory forecasting. These are trend extrapolation, modeling, the Delphi Technique, and scenario writing.

Trend extrapolation, as noted above, follows socio-cultural processes and analyzes them for development possibilities. Basic causes of trends are taken into account. I will note one such trend extrapolation below.

A second method is modeling or simulation. This technique calls for simplified approximations of the complex functioning of a dynamic system. Of course, such a system can vary in size; it can be as large as the world. Often this method of "quasi-experimentation" uses computers or simulates game theory processes. Let me give an example. An article on the application of futures research to the helping professions appearing in Social Work, a journal put out by the National Association of Social Workers, discusses a problem which developed some fifty years ago in Burma. A silt bar began to develop in the river in front of Rangoon, Burma's ^{capital and} leading port. Alarmed, the city leaders called upon a famous civil engineer, Sir Alexander Gibb, for advice. He constructed a complex model, reproducing the state of the river and the seabed for all the years from 1875 to 1932. Based upon his sped-up experiments, he predicted the state of the river up to 1982 and proposed to the city that the river would clear up of its own accord. His advice was heeded and the model proved to be fully accurate.

The third method is known as the Delphi technique. It is a not complicated procedure which has long been around and has been used at least once in the drug abuse field. In 1969 the Rand Institute of New York City put out a pamphlet on the administration of drug

abuse programs called, appropriately enough, "The Delphi Method: An Experimental Study of Group Opinion." This study was followed up with two similar ones. The federal government has also undertaken some projects in this field. Taking the group opinion of experts is pretty much what this technique involves. The intuitive judgments of experts are solicited and collated. Judgments of the experts are then made known to other panelists and challenged. In effect, six stages are passed through. First, the experts are placed in an environment free of influence from other experts; second, guesses about a specific development — say, the future of usage of certain drugs of abuse — are generated and third, the probability of such developments is stated. The forecasts are then collated and the experts receive the judgments of others. Revisions are made, with experts indicating the basis for their forecasts; the phases are repeated and the experts revise their forecasts. Finally, one individual uses the material to formulate an overall forecast. According to one writer, this technique is "probably the forecasting method that offers the greatest convenience for social work practice."

Scenario writing, a very popular method of futures research, was pioneered by Herman Kahn in the 1950s. This is the presentation of alternative futures via stories of plausible events and choices. The methods already noted may all be combined in one or another format,

and they usually are. Exploratory forecasting via trend extrapolation is good for showing possible trends, of course, and this method is perhaps the most popular.

Interestingly, actual forecasts usually fall into one of two types. The first type involves a vision of the future as one of continuous evolution from the present, usually to a better world. Technology, for example, will do more and more for the nation. The second type of forecast involves a discontinuous future. This may be either desirable or disastrous.

One leading futurist has explained: imagine two arrows crossing at right angles, each with arrowheads at both ends. Four quadrants are thus available. One arrow points towards optimism or towards pessimism. The other points towards trends or toward intervention. On this graph may be plotted out the forecasts of most prominent futurists.

Technological and social optimists usually see the future as one of relatively continuous change. The Hudson Institute's Kahn has just published a work forecasting a marvelous future for America. Workers will be moving increasingly into the service areas, and automation will play an increasingly greater role in our society. Today, about sixty percent of the American labor force is already in the services. Kahn predicts a possible future of 15 billion people living in the world at ^{above} a present \$30,000 standard.

Other forecasters see trouble ahead unless we intercede now. They envision a discontinuous future. Built-in obsolescence, for example, might lead to a depletion of national resources, pollution, and eventual total collapse of the economy. Such views may be called "provisionally catastrophic", because intervention can solve the problem. Unless institutions and values change, however, it is doom for the world.

There are also all-out catastrophists, who tend to argue that little can be done to mitigate forthcoming disasters. Some of this ilk are nuclear catastrophists, while others are ecological catastrophists. Many of this school predict a straight-line development into a world-wide police state.

Which of the alternative futures we might want to reach, however, is of most concern to us here. Responsible leaders of health organizations are now able to commission or undertake themselves studies which involve the views and methods of the futures researchers. Certainly rational planning by social and health agencies is better than blind continuation of work in the present tense only.

Professionals in the field of drug abuse can extrapolate trends, collate opinions from leaders in the field, or draw scenarios of the future. Models can be developed. It is necessary to qualify use of these techniques carefully, however, for trend analysis in drug abuse cannot be so restricted as to eliminate the possibility of outside influences nor so broad as to obviate the responsibility for the leadership to develop itself. When performing trend extrapolation, we must keep in mind the above-noted lack of agreement concerning

the basic causes of drug addiction. We have to take into account potential changes in values, politics, social organization, financing, the basis of poverty, growing ethnic diversity, and so forth, before a rounded set of relatively meaningful alternative futures can be offered. Those addressing the definition of health needs and the allocation of scarce community resources to minority Americans will have to pay especial attention to new treatment approaches which might be suggested by recent trends in immigration patterns. Certainly, the great rise in Hispanic and Asian residents of our large cities will create new opportunities for agencies devoted to addressing minority concerns.

Further, there are some national forecasts which will offer much food for thought to those concerned with drug abuse. To ward off a projected world collapse of both industrial and population growth by the year 2100, some have suggested that America might cut its material standard of living in half in order to ensure equalitarian distribution of wealth. Such a drastic move would have great effects upon the provision of health services to the poor.

There are ~~last~~ drastic forecasts which utilize trend extrapolation and which offer much of interest to the administrators of drug abuse programs. Let me note just one here. There is a popular forecast found in the 1972 book by Herman Kahn and B. Bruce-Briggs in a book entitled Things to Come.⁷ Primarily using qualified trend extrapolation, these authors come up with a multi-fold trend and a so-called "surprise-free projection."

The multi-fold trend describes an increasingly sensate culture, one which is "this worldly" oriented and which commenced in the Thirteenth Century. Cynicism, decay of the work ethic, and immediate gratification are important aspects of this multi-fold trend. The tendency is toward bourgeois, bureaucratic, meritocratic, and democratic elites. There is emphasis on increasing scientific and technological knowledge, an institutionalization of change in business and government, world-wide modernization, increasing affluence and leisure, and heightened literacy. The authors project 13 points.

In addition to the continued unfolding of the multi-fold trend, they see the emergence of post-industrial society and culture; a world-wide capability for modern technology; an increasingly "small world"; high gross national product increases; greater emphasis on meaning and purpose in life; increased turmoil in the new nations; the possibility of mass movements, especially in the Third World; the rise of Japan, Europe and China; the emergence of new intermediate powers such as Brazil and Indonesia; the decline of America and of the Soviet Union, relatively; and a dearth of life and death issues of politics and economics in the older nations.

Should we begin with the assumption that such a forecast is reasonably accurate, how could we encourage drug abuse agencies dealing with American minorities in large cities to plan their growth?

First, we could predict that cultural hedonism, the "sensate" life, is going increasingly to dominate American society, including

much of the minority communities. Since drug abuse is in some measure a direct outgrowth of such values, drug taking and drug abuse will rise. On the other hand, such a rise will be more weighted toward the higher end of the socio-economic scale. Sensate-induced abuse will be important primarily for the most affluent.

and thus of little relevance to most programs. The drugs of choice such upper-scale individuals will take should not affect planning for most programs, except to the extent that the phenomenon of what C. Wright Mills would call a social "vocabulary" spreads in the land. It should be noted in passing that the current increase in abuse of the opiates ^{may} indicate that poor people living in America's ghettos repair to the traditional drugs of choice when addiction rises.

In addition, the prediction of increasing bureaucratic elitism will probably imply the institutionalization of programming. Leaders of services for the addicted would be advised to increase training efforts for new leadership, therefore, and to continue public education drives and to heighten political and lobbying efforts. Increasing technological advances could mean that new mechanisms for coping with drug abuse and addiction are likely to be discovered; hence, should be ready for increased flexibility in the modality of treatment, even with decreasing funding. Recent studies indicate impending breakthroughs in our understanding of much of opiate addiction; if these bear fruit, we could expect to be able to rehabilitate more easily than today many more addicts—even given a rise in overall numbers of clients. And greater affluence, assuming it were equally spread among the population, would mean fewer minority group members

in addictdom.⁹ While data indicate that this was the case from the sixties onward, it is difficult to forecast trends concerning numbers in the absence of certainty concerning national health and economic policies post-1984.

At a lower level of abstraction, policy planners should now be working to utilize forecasts for more sophisticated planning in a world of continued economic recession. At one agency with which I am familiar, most of the time has been spent fighting present economic battles, which have been intensifying as of late, and too little time has been devoted to intermediate range planning. A scientific study of the possibilities would take into account funding sources and potential funding sources, potential clientele, possible services, changes in the population of the neighborhoods served by the clinics, possible serve^{ice} needs in the neighborhoods over the next two, five or ten years, and administrative potentialities. All this study could be rational to the extent it was based upon trend extrapolation; or, alternative scenarios of the future could be drawn up and presented to the board of the organization. Desired and reasonable choices for growth could then be made. The reliability of forecasts may always be challenged; the helpfulness of alternative courses of action being presented may rarely be debated.

Agencies dealing with drug abuse services to inner-city minority residents can shape their own future to some extent. Along with most other social service institutions, however, they rarely make the attempt to do so, in spite of their devotion to individual progress

and the selection of desirable futures for their clients. Futures research provides many techniques, methods, and forecasts for agency leaders to utilize. These can be chosen carefully, starting with ~~the~~ relatively simple Delphi technique and growing more complex. The important point is that defining health care needs and allocating community resources for minority drug abusers need not be a haphazard and casual enterprise; it should be, indeed must be, a fundamental aspect of the work.

Finally, use of these methods would seem to be imperative to the survival of the programs themselves. Established as an outgrowth of public concern for the treatment of addiction among minority populations, the agencies must now either learn to anticipate and plan for the future or else fall into desuetude and die, as did drug treatment agencies earlier in this century.

Notes

1. This paper was presented at a session of the American Psychological Association held in Washington, D.C., on August 25, 1982. The title of the panel was "Defining Health Care Needs and Allocating Community Resources. The author is indebted to the chair of the panel, Dr. Annette Benedict of Ramapo College, New Jersey, for encouraging the presentation of these ideas.
2. Indeed, the author has presented a theory of addiction based on social forces and the intermediary effect of stress. See Primm, Cook and Drew, "The problem of addiction in the black community," in Lowinson, J. and Ruiz, P. (eds.), Substance Abuse: Clinical Problems and Perspectives. Baltimore: Williams and Wilkins, 1981.
3. For Ogburn's work in this field, see 'The Hypothesis of Cultural Lag', in Parsons T. et al, Theories of Society. New York: The Free Press, 1961.
4. Roland G. Meinert, "Futures forecasting", Social Work, Vol. 18, No. 6, November, 1973, pps. 48-51.
5. Ibid., p. 50. See also, Olaf Helmer, Social Technology, New York: Basic Books, 1966.
6. The author is indebted to Dr. Thomas Jones of New York City and of the New School for Social Research, who supplied this explanation of the options for forecasters.
7. Herman Kahn and B. Bruce-Briggs, Things to Come. New York: Macmillan, 1972.
8. By this term, Mills means that certain social conventions spread and become part of the cultural environment. This idea and its application to drug abuse was explored in some depth in a paper co-authored by the author and given at the International Conference on Drug Abuse and Traffic Medicine in London in 1975. A copy is available from the author at the Department of Political Science, University of the District of Columbia, Washington, D.C. 20008.
9. This term was coined by Dr. Beny Primm. He wrote extensively about the world of addictdom. A copy of his writings may be obtained from Dr. B. Primm, Executive Director, Addiction Research and Treatment Corporation, 22 Chapel St., Brooklyn, N.Y. 11201.